

**Name:**

**SSN:**

**Social Security Online  
Adult Disability and Work History Report**

Following is information that the Social Security Administration needs to contact me to begin processing my claim for disability benefits. I understand that the full Adult Disability and Work History Report that I completed over the Internet and sent to SSA electronically will be used in making a decision on my claim for disability benefits.

My address is:

My daytime phone number is:

Name and address of someone else you can contact who speaks English: (only if non-English speaking)(Also need language spoken)

Name and address of someone else you can contact who knows about my condition:

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Signature of claimant or person filing on claimant's behalf

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Date